

Pt. 58

38 CFR Ch. I (7–1–04 Edition)

of the relevant procedures located in all program vehicles.

(c) All vehicles transporting participants to and from adult day health care must be equipped with a device for two-way communication.

(d) All facility-provided and contracted transportation systems must meet local, State and federal regulations.

(e) The time to transport participant to or from the facility must not be more than 60 minutes except under unusual conditions, e.g., bad weather.

(Authority: 38 U.S.C. 101, 501, 1741–1743)

PART 58—FORMS

Sec.

58.10 VA Form 10-3567—State Home Inspection: Staffing Profile.

58.11 VA Form 10-5588—State Home Report and Statement of Federal Aid Claimed.

58.12 VA Form 10-10EZ—Application for Health Benefits.

58.13 VA Form 10-10SH—State Home Program Application for Veteran Care—Medical Certification.

58.14 VA Form 10-0143A—Statement of Assurance of Compliance with Section 504 of The Rehabilitation Act of 1973.

58.15 VA Form 10-0143—Department of Veterans Affairs Certification Regarding Drug-Free Workplace Requirements for Grantees Other Than Individuals.

58.16 VA Form 10-0144—Certification Regarding Lobbying.

58.17 VA Form 10-0144A—Statement of Assurance of Compliance with Equal Opportunity Laws.

AUTHORITY: 38 U.S.C. 101, 501, 1710, 1741–1743.

SOURCE: 65 FR 981, Jan. 6, 2000, unless otherwise noted.

Department of Veterans Affairs

§ 58.10

§ 58.10 VA Form 10-3567—State Home Inspection Staffing Profile.

OMB Approved No. 2900-0160
Estimated Burden Avg. 20 min.

Department of Veterans Affairs		STATE HOME INSPECTION		
NAME OF HOME				DATE OF INSPECTION
PART I	TOTAL FACILITY	HOSPITAL	NHC	DOM
OPERATING BEDS				
AUTHORIZED APPROVALS				
PATIENT CENSUS				
POSITIONS AUTHORIZED				
STAFF AVAILABLE				
PART II - STAFF	TOTAL FACILITY	HOSPITAL	NHC	DOM
PHYSICIANS:				
PHYSICIANS ASSISTANTS				
DENTISTS				
SOCIAL WORK: MSW				
BSW				
SOCIAL WORK ASSISTANT				
PHARMACY: REG. PHARMACIST				
DIETETICS: REG. DIETITIAN				
FOOD SUPERVISOR				
DIETARY ASSISTANTS				
NURSING:				
NURSING ADM./SUP.				
DIRECT CARE: CERT.				
N.P./C.N.S.				
R.N.				
L.P.N./L.V.N.				
N.A.				
REHABILITATION THERAPY				
REG. P.T./P.T. AIDES				
REG. O.T./O.T. AIDES				
MENTAL HEALTH: PSYCHOLOGIST				
PSYCHIATRIST				
PSYCHIATRIC SOCIAL WORKER				
COUNSELOR				
SPEECH AND AUDIOLOGY				
OPHTHALMOLOGY/OPTOMETRY				
PODIATRY				
RADIOLOGY/LABORATORY				
RECREATION/ACTIVITIES				
DIRECTOR				
ASSISTANTS				
VOLUNTEERS				
CHAPLAIN				
ADMINISTRATION				
ENGINEERING				
MAINTENANCE/HOUSEKEEPING				
MEDICAL RECORDS				
OTHER (Specify)				

VA FORM
MAY 1998 (RS)

10-3567

SEE REVERSE

NAME OF HOME	DATE OF INSPECTION
--------------	--------------------

NURSING SERVICE STAFFING PATTERN
(Four Week Average)

PART III		HOSPITAL (Average hours Hosp. _____)																							
SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY						
	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA				
DAY																									
EVENING																									
NIGHT																									

PART IV		NURSING HOME (Average hours NHC _____)																							
SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY						
	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA				
DAY																									
EVENING																									
NIGHT																									

PART V		DOMICILIARY (Average hours Dom. _____)																							
SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY						
	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA				
DAY																									
EVENING																									
NIGHT																									

NAME OF HOME	DATE OF INSPECTION
<p>The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>	